

# STUDY OF IMPACT OF ADOLESCENCE MENTAL HEALTH ON BEHAVIOUR AND LEARNING OF GRADE 10 STUDENTS

Sailee S. Kadam <sup>1</sup> | Shilpa K. Patil-Bhonde <sup>1</sup>

<sup>1</sup> Sahyadri Vidya Mandir, Bhandup, Mumbai – 400078.

## **ABSTRACT**

Adolescence is considered as transitional stage from childhood to adulthood. It is the age of change in physical, psychological, sexual and reproductive maturity. This stage develops advancement in mental process and gives 'adult identity' to child as well very sensitive with reference to Mental Health. School plays a major role in the preservation and promotion of mental health of child. Present study was carried out to understand how adolescent's mental health disturbs their behavior and learning activity with group of 198 students of grade 10 of schools located in suburbs of Mumbai, India. Students were asked to write Bell's adjustment test as well self-administered questionnaire. Data reveals that problems were related to parent's relations, friends, pressure of peer group, mood swings, excessive use of gadgets etc. In all 15 to 17 problems were recorded which disturbs their behavior and leads to poor academic performance. These finding indicates above are the probable reasons for maladjustments of students which is quite serious and alarming in India. Disturbed mental health can severely affect academic performance, carrier and ultimately life of students.

KEY WORDS: Adolescence, Peer pressure, Mental Health, Parental relation, Behavior, Learning.

#### INTRODUCTION:

Adolescence is a critical period for mental, social, and emotional wellbeing and development. During teenage the brain undergoes significant developmental changes that will last into adulthood. Adolescents developing brains, coupled with hormonal changes, make them more prone to depression, mood swings and more likely to engage in risky and thrill-seeking behaviors. These and other factors underline the importance of meeting the mental, social, and emotional health needs of this age group. According to Stanley Hall (1904) adolescence is a "New Birth" where the old child dies only to the reborn as a new man or woman.

Mental health, social and emotional wellbeing – combined with sexual and reproductive health, violence & unintentional injury, substance use, and nutrition & obesity – form part of a complex web of potential challenges to adolescents' healthy emotional and physical development. (Beatty and Chalk 2007)

Surgeon General (1999) defined Mental Health as "successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to change and to cope with adversity." According to the Surgeon's General's report (1999) and WHO, mental health encompasses positive aspects of well-being and healthy functioning as well as negative aspects of mental disorder and dysfunction.

Approximately one out of five adolescents has a diagnosable mental health disorder, and nearly one third shows symptoms of depression (Child Trends 2014). Warning signs aren't always obvious, but more common symptoms include persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep (Mental Health America. 2013). Mental health disorders can disrupt school performance, harm relationships, and lead to suicide (the second leading cause of death among adolescents).

Group of students selected for study were low to high intellectual, social and emotional beings with satisfactory mixture of girls and boys. Many of them belong to slum community with challenging life. Some of the students are single parental child. Their houses are very small, covered with asbestos or metal sheets, without sufficient light and ventilation and many are using public toilets for sanitation. They could be severely affected by heavy rain fall and high temperatures of summer. Present study was carried out to know probable reasons for maladjustments of these adolescent students.

## MATERIALS AND METHODS:

Group of 198 students of grade 10 was selected for this study. Students were asked to write Bell's adjustment test (Bell 1934.) The Bell Adjustment Inventory was a questionnaire approach to measuring personality, consisting of 140 items. The items were split into four categories, home, health, social, and emotional. One purpose of this questionnaire was to differentiate between well-adjusted individuals and maladjusted individuals. Inventory has given adjustment score of every student for family, health, society and emotions. This score categorized students in to excellent, good, average, unsatisfactory and above very unsatisfactory. Score was average for maximum students but many of them answered yes for questions like, Did you have strong desire to run away from home? , Do you feel tired most of the time? Are you considerably underweight? Have your relationships with your father usually been pleasant? , Do you often feel self-conscious because of your personal appearance? So as to find out probable rea-

sons of such problems self-administered questionnaire was also given to students. As well one to one conversation session was taken for specific students. Data was analyzed by using general qualitative & analyses techniques.

## RESULTS AND DISCUSSION:

According to fig-1 Bell's test results shown, maximum student's score was average for family, health, society and emotions. For emotional status, more number of students were recorded in category of 'above very unsatisfactory' as compare to family, health and society status.

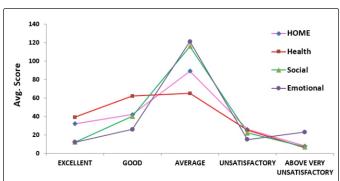


Fig. 1: Bell's adjustment inventory scores for home, health, social and emotional adjustment of Students

Parents mold the lives of their children from birth through adulthood by their action and reaction. In adolescence, the influence of friends and peers take on greater importance, but research clearly demonstrates the continued significance of parents in shaping the behaviors and choices of teens as they face the challenges of growing up (Borkowsky 2002)

In case of 9 % students (fig-2) only mother is working as they are single parental (father is dead or separated parents) or father has health issues. Due to this students might be suffering from financial problems; they have to take care of their siblings when mother is not at home. Among these 7% were girls. As their mother is working they have to do household work which was recorded in 'one to one' conversation.

2% students were recorded that both parents were unemployed because of some genuine & serious problems. This has created lot of mental disturbance and stress in their life.

26% students were recorded that parental disputes affects their study as it creates feeling of insecurity. Family environment marked by destructive conflict affects normal developmental processes such as brain development, which in turn affect children's emotional, behavioral and social development (Van Goozenetal., 2007).

Copyright© 2018, IERJ. This open-access article is published under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License which permits Share (copy and redistribute the material in any medium or format) and Adapt (remix, transform, and build upon the material) under the Attribution-NonCommercial terms.

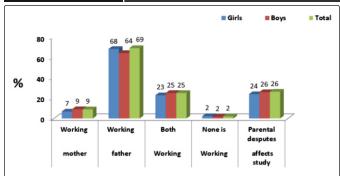


Fig. 2: Family background and Effect of parental disputes on students

Children are also at risk of a range of health difficulties (Troxel and Matthews, 2004; El-Sheikh etal., 2008), including: digestive problems, fatigue (El-Sheikh etal., 2001), reduced physical growth (Montgomeryetal., 1997), and headaches and abdominal pains (Stiles, 2002). They may also suffer with problems of sleeping (Mannering etal., 2011).

Difficulties can extend into school, with children less able to settle, more likely to have trouble getting on with peers, and less likely to achieve academically because of the impact of conflict between parents on children's cognitive abilities and attention (Harold et al., 2007).

In this study it was noted that such students show behaviors like disrespecting, talking back, arguing, quarrelling or fighting with teachers.

Adolescence is period of many physical and emotional changes so close relationships, healthy open communication, and perceived parental support are especially important for them. Teens who have positive relationships with their parents are less likely to engage in various risk behaviors, including smoking, fighting and drinking. (Guilamo et.al 2005) They are also less likely to report symptoms of depression and more likely to report high levels of perceived well-being (Hair et.al 2005). According to U.S. Department of Health and Human Services adolescents who report difficulty talking with their parents are more likely to drink alcohol frequently, have problems with binge drinking, smoke, and feel unhappy (Guilamo et.al 2005).

According to fig-3 students were more close to their mother than father. 41% of girls were close to their brothers. Maximum closeness was shown with peer group. 18% students were not at all close to anybody which is quite alarming. From routine school observations and records it was noted that these students were physically unfit, underweight, suffering from stomach disorders, and emotionally disturbed individuals. In this study these students shown "problem behaviors" like non attentiveness, daydreaming or idleness during classroom teaching learning.

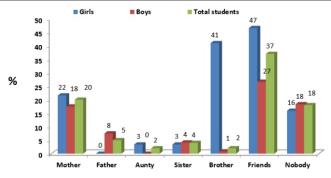


Fig. 3: Closeness shown by students with different family members

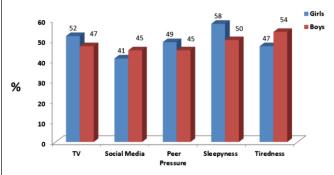


Fig. 4: Factors affecting concentration during study in adolescence

According to a recent poll, 22% of teenagers log on to their favorite social media site more than 10 times a day, and more than half of adolescents log on to a social media site more than once a day. (Common Sense Media 2010)

Seventy-five percent of teenagers now own cell phones, and 25% use them for social media, 54% use them for texting, and 24% use them for instant messaging. (Hinduja 2007).

The Internet and cell phones has major contribution in social and emotional development of this generation. Recent research indicates that there are frequent online expressions of offline behaviors, such as bullying, clique-forming, and sexual experimentation (Lenhart 2010) that have introduced problems such as cyber bullying(Patchin and Hinduja,2006) privacy issues, and "sexting." (A thin line 2010).

In present study 41% girls and 45% boys recorded that they were unable to concentrate in study due to social media. Even some students were using cell phones for texting, playing games, surfing webpage, listening to music during classroom teaching learning process also.

Another influencing factor is peer pressure. During present study 49% girls and 45% boys had difficulty in study because of peer pressure. Some of them were affected by negative peer pressure of risk behaviors like alcohol use, drug use, smoking, sexual activity etc. Even they develop misconceptions of body image due to peers. Peer influence has been shown to reinforce or change individual attitudes and behaviors regarding sexual activity that leads adolescents to engage in sexual activities, (Albarracin, Kumkale & Johnson, 2004, Stanton, Li, Feigelman & Baldwin 1998).

Several studies on smoking have identified peer influence to smoking is a significant predictor of adolescent smoking (Conrad, Flay, & Hill, 1992; Kobus, 2003; Leventhal & Cleary, 1980 as cited in Hoffman, Monge, Chou & Valente, 2007).

Peers directly or indirectly initiate alcohol use among adolescents. Directly offering alcohol is direct peer pressure while refilling the empty glass, ordering alcohol without asking, observing peers drinking alcohol are forms of indirect pressure. During present research students have confessed that they were directly or indirectly involved in alcohol consumption due to peers.

Body image is another factor where both parental and peer influence can have a strong effect on adolescent boys and girls. Studies conducted have shown that close friends are highly influential in promoting body image issues among adolescents (Jones, 2004; Jones & Crawford, 2005, 2006; Helfert & Warschburger, 2011). Girls prefer thinner bodies while the image issues differ with boys with some desiring thinner bodies while some others desire more muscular bodies (Smolak, 2004; McCabe & Ricciardelli, 2001; McCreary & Sasse, 2000; Helfert & Warschburger, 2011).

In one to one conversation it was recorded that for getting thinner bodies girls follow diet plans which makes them underweight and malnourished. This may lead to lack of energy, nutritional deficiencies, weakened immune system, delayed or interrupted periods. (https://www.nhs.uk/Livewell/teengirls/Pages/underweightteengirls.aspx)

For muscular body boys take protein shakes which have adverse effects on their health like prevention of Natural Creatine Production, Stomach Cramps, High Blood Acidity, Kidney Stones.(https://www.livestrong.com/article/266807-dangers-of-protein-supplements-for-teenagers/) As well students have reported in routine classroom learning they produce nonverbal noise Via body language, facial expressions, papers, eating, gambling, reading other materials, and doing things other than learning due to influence of peers.

Research identifies the left-brain as the Academic Brain because educators generally emphasize its processes in the traditional classroom, On the other hand the right-brain as the Artistic Brain because it is in charge of creative talents. Recently, educational researchers have shown that a balanced involvement of both sides of the brain in the classroom can create surprising learning gains in many types of students (http://www.au.af.mil/au/awc/awcgate/army/rotc\_right-left\_brain.pdf)

Students are extensively involved in social media through mobile & computers use their left brain for maximum time. In schools for maximum time their left hemisphere involved in learning. Generally situation remains same after school also as they were busy with coaching classes and rest time they use mobiles or computers which keeps left brain active for maximum time causes mental fatigue. This gives feeling of sleepiness and tiredness throughout day. 58% girls & 50% boys had recorded that they feel sleepy throughout the day and 47% girls & 54% boys had feeling of tiredness which affected their concentration in study. Due to above all factors which creates lack of concentration in study, 44% students have recorded they do not complete their homework and 36% recorded they cannot memorize in spite of studding.

Surprisingly it was noted that the girls who taking care of siblings and doing household work (as their mother was working) were good in studies, probably

their left and right hemispheres worked with synchronization. According to Florida State University washing dishes can significantly lower your stress level, if you do it mindfully. (http://time.com/4056280/washing-dishes-stress-relief-mindfulness/)

When the two hemispheres are synchronized, the brain performance significantly improves and the person is happier, healthier, more optimistic, energized and more clear-minded. (http://www.holisticrejuvenate.com/new-age/benefits-brain-hemisphere-synchronization/)

## **CONCLUSION:**

According to this study adolescent students who were recorded in category of 'above very unsatisfactory' for emotional status of Bell's test students were physically as well as emotionally disturbed individuals..

Students lie in average category are considered as normal with reference to family, health, social and emotional status but they also suffer from mental disturbances for following reasons--

- · Parental disputes affect their study as it creates feeling of insecurity.
- Lack of healthy openness in family for communication. (Automatically maximum closeness was shown with peer group).
- Social media, mobiles, TV and computers creates mental fatigue as only left brain is active for maximum time which gives feeling of sleepiness and tiredness throughout day.
- Negative peer pressure affects learning due to risk behaviors like alcohol
  use, drug use, smoking, unnecessary sexual activity, and body image.
- 18% students were not at all close to anybody which probably makes them
  physically unfit, underweight, suffering from stomach disorders, and emotionally disturbed individuals.
- 51% students have recorded they feel sleepy throughout the day.
- 54% students have recorded they feel tired throughout the day.
- 57% students were affected by peer pressure.
- 60% students were affected by social media
- 44% students do not complete their homework.
- 36% cannot memorize in spite of studding.

## REFERENCES:

- A thin line: 2009 AP-TVT digital abuse study. Available at: www.athinline.org/MTV-AP\_Digital\_Abuse\_Study\_Executive\_Summary. pdf. Accessed July 16, 2010
- Albarracin D, Kumkale GT, Johnson BT. (2004) Influences of social power and normative support on condom use decisions: A research synthesis. AIDS Care. 16. 700–723.
- Beatty, A.; Chalk, R. 2007. A Study of Interactions: Emerging Issues in the Science of Adolescence. Program Committee for a Workshop on the Synthesis of Research on Adolescent Health and Development, Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. National Research Council and Institute of Medicine. Washington, DC: The National Academies Press. p. 8.
- Bell, H. M. 1934. The Adjustment Inventory (Student Form), Stanford University, Cal.: Stanford Univ. Press.
- Borkowsky, J., Ramey, S., & Bristol-Power, M. (Eds.). (2002). Parenting and the child's world: Influences on academic, intellectual, and social-emotional development. Mahwah, NJ: Lawrence Erlbaum as cited in Hair, E., Moore, K., Garrett, S., Kinukawa, A., Lippman, L. & Michelson, E. (2005). The parent-adolescent relationship scale. In K. Moore & L. Lippman (Eds.) What do children need to flourish (pp. 183-202). New York: Springer Science.
- Child Trends. (2014). Child Trends Databank: Adolescents who feel sad or hopeless. Retrieved February 16, 2016, from http://www.childtrends.org/?indicators=adolescents-who-felt-sad-or-hopeless
- Common Sense Media. Is Technology Networking Changing Childhood? A National Poll. San Francisco, CA: Common Sense Media; 2009. Available at: www.commonsensemedia.org/sites/default/files/CSM\_teen\_social\_media\_080609\_ FINAL.pdf.
- Conrad, K. M., Flay, B. R., & Hill, D. (1992). Why children start smoking cigarettes: Predictors of onset in Hoffman, Beth R.; Monge, Peter R.; Chou, Chih-Ping; & Valente, Thomas W. (2007). Perceived peer influence and peer selection on adolescent smoking. Addictive Behaviors. 32(8), 1546-1554
- El Sheikh,M.& Erath, S.A.(2011). Family conflict, autonomic nervous system functioning, and child adaptation: State of the science and future directions. DevelopmentandPsychopathology, 23(2), 703721.
- El-Sheikh, M., Harger, J. & Whitson, S. M. (2001). Exposure to interparental conflict and children's adjustment and physical health: The moderating role of vagaltone. Child Development, 72(6), 16171636.
- Fang X, Stanton B, Li X, Feigelman S, Baldwin R. (1998). Similarities in sexual activity and condom use among friends within groups before and after a risk reduction inter-

- vention. Youth & Society 29. 431-450
- Guilamo-Ramos, V., Jaccard, J., Turrisi, R., & Johansson, M. (2005). Parental and school correlates of binge drinking among middle school students. American Journal of Public Health, 95(5): 894-899.
- Hair, E., Moore, K., Garrett, S., Kinukawa, A., Lippman, L. & Michelson, E. (2005).
   The parentadolescent relationship scale. In K. Moore & L. Lippman (Eds.) What do children need to flourish (pp. 183-202). New York: Springer Science
- Hall, G. Stanley (1904). Adolescence, Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education. 2 Vols. New York, Appleton.
- Harold, G.T., Aitken, J.J. & Shelton, K.H. (2007). Inter-parental conflict and children' sacademic attainment: alongitudinal analysis. Journal of Child Psychology and Psychiatry, 48(12), 1223–1232.
- Helfert, S, & Warschburger, P. (2011). A prospective study on the impact of peer and parental pressure on body dissatisfaction in adolescent girls and boys. Body image. 8. 101-109. Doi10.1016/j.bodyim.2011.01.004
- Hinduja S, Patchin J. Offline consequences of online victimization: school violence and delinquency. J Sch Violence. 2007;6(3): 89–112
- Hoffman, Beth R.; Monge, Peter R.; Chou, Chih-Ping; & Valente, Thomas W. (2007).
   Perceived peer influence and peer selection on adolescent smoking. Addictive Behaviors. 32(8). 1546-1554
- http://www.au.af.mil/au/awc/awcgate/army/rotc\_right-left\_brain.pdf http://www.holisticrejuvenate.com/new-age/benefits-brain-hemispheresynchronization/ https://www.livestrong.com/article/266807-dangers-of-proteinsupplements-for-teenagers/ https://www.nhs.uk/Livewell/teengirls/Pages/underweightteengirls.aspx
- Jones, D. C. (2004). Body image among adolescent girls and boys: A longitudinal study in Helfert, S, & Warschburger, P. (2011). A prospective study on the impact of peer and parental pressure on body dissatisfaction in adolescent girls and boys. Body image. 8. 101-109. Doi:10.1016/j.bodyim.2011.01.004
- Jones, D. C., & Crawford, J. K. (2005). Adolescent boys and body image: Weight and muscularity concerns as dual pathways to body dissatisfaction in Helfert, S, & Warschburger, P. (2011). A prospective study on the impact of peer and parental pressure on body dissatisfaction in adolescent girls and boys. Body image. 8. 101-109. Doi10.1016/j.bodyim.2011.01.004
- Kobus, K. (2003), Peers and adolescent smoking Addiction. 98. 37–55. Doi: 10.1046/j.1360-0443.98.s1.4.x
- Leventhal, H., & Cleary, P. D. (1980). The smoking problem: A review of the research
  and theory in behavioral risk modification in Hoffman, Beth R.; Monge, Peter R.;
  Chou, Chih-Ping; & Valente, Thomas W. (2007). Perceived peer influence and peer
  selection on adolescent smoking. Addictive Behaviors. 32(8). 1546-1554
- Mannering, M., Harold, G.T., Level, L. D., Shelton, K. H., Shaw, D.D., Conger, R.D., Neiderhiser, J. M., Scaramella, L. V. & Reiss, D. (2011). Longitudinal associations between maritalin stability and child sleep problems across infancy and toddlerhood in adoptive families. Child Development,82(4),1252-1266.
- McCabe, M. P., & Ricciardelli, L. A. (2001). Body image and body change techniques among young adolescent boys. In Helfert, S, & Warschburger, P. (2011). A prospective study on the impact of peer and parental pressure on body dissatisfaction in adolescent girls and boys. Body image. 8. 101-109. Doi: 10.1016/j.bodyim.2011.01.004
- McCreary, D. R., & Sasse, D. K. (2000). An exploration of the drive for muscularity in adolescent boys and girls in Helfert, S, & Warschburger, P. (2011). A prospective study on the impact of peer and parental pressure on body dissatisfaction in adolescent girls and boys. Body image. 8. 101-109. Doi: 10.1016/j.bodyim.2011.01.004
- Mental Health America. (2013). Depression in Teens. Retrieved February 16, 2016, from http://www.mentalhealthamerica.net/conditions/depression-teens
- Montgomery, S. M., Bartley, M. J. & Wilkinson, R. G. (1997). Family conflict ands low growth. Archives of Diseasein Childhood, 77(4), 326-30.
- Patchin JW, Hinduja S. Bullies move beyond the schoolyard: a preliminary look at cyberbullying. Youth Violence Juv Justice. 2006; 4(2):148–169
- Smolak, L.(2004). Body image in children and adolescents: Where do we go from here? In Helfert, S, & Warschburger, P. (2011). A prospective study on the impact of peer and parental pressure on body dissatisfaction in adolescent girls and boys. Body image. 8. 101-109. Doi10.1016/j.bodyim.2011.01.004
- 31. Stiles, M. (2002). Witnessing domestic violence: The effecton children. American Family Physician, 66(11), 2052-2067.
- Troxel, W.M.& Matthews, K.A. (2004). Review: What are the costs of marital conflict and dissolution to children's physical health? Clinical Child and Family Psychology, 7(1), 29-57.
- United States Department of Health and Human Services. (1999). Mental Health: A Report of the Surgeon General. Rockville, MD: Office of the Surgeon General, U.S. Public Healthservice. Availableat: http://www.surgeongeneral.gov/library/mentalhealth/home.html
- VanGoozen, S., Fairchild, G., Snoek, H. & Harold, G. T. (2007). The evidence for an eurobiological model of childhood antisocial behavior. Psychological Bulletin, 133(1), 149-182